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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	JAB 1512-PCT-USA
	<b>First Named Inventor</b>	Stefan L. J. Masure
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEUROTROPHIC FACTOR RECEPTOR

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/26/2000 as United States Application Number or PCT International Application Number PCT/EP00/04918 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9915200.1	GB	06/29/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 3]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
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Name	Registration Number	Name	Registration Number
Michael Stark	32,495	Myra McCormack	36,602
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name	<u>Philip S. Johnson</u>				
Address	<u>Johnson &amp; Johnson</u>				
Address	<u>One Johnson &amp; Johnson Plaza</u>				
City	<u>New Brunswick</u>	State	<u>NJ</u>	ZIP	<u>08933-7003</u>
Country	<u>USA</u>	Telephone	<u>(732) 524-2359</u>	Fax	<u>(732) 524-2808</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Stefan L. J.</u>		<u>Masure</u>	
Inventor's Signature			Date
Residence: City	<u>Beerse</u>	State	
		Country	<u>Belgium</u>
Post Office Address	<u>c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium</u>		
Post Office Address			
City	<u>Brasschaat</u>	State	
		ZIP	<u>2930</u>
		Country	<u>Belgium</u>

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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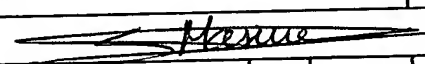
Name	Registration Number	Name	Registration Number
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Andrea L. Colby	30,194	Mary A. Appollina	34,087

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Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name	Philip S. Johnson				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-2359	Fax	(732) 524-2808

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Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Stefan L. J.		Masure			
Inventor's Signature				Date	10/24/01
Residence: City	Beerse	State	Country	Belgium	Citizenship
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium				
Post Office Address					
City	Brasschaat	State	ZIP	2930	Country
Country	Belgium				

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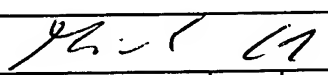
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Miroslav				Cik			
Inventor's Signature				Date	10/24/01		
Residence: City	Beerse	State		Country	Belgium	Citizenship	Croatian
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Post Office Address							
City	Boechout	State		ZIP	2530	Country	Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Evert W.				Hoefnagel			
Inventor's Signature				Date			
Residence: City	Beerse	State		Country	Belgium	Citizenship	Dutch
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Post Office Address							
City	Dordrecht	State		ZIP	3328	Country	The Netherlands
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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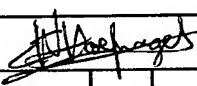
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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
<u>Miroslav</u>				<u>Cik</u>			
Inventor's Signature				Date			
Residence: City	Beerse	State		Country	Belgium	Citizenship	Croatian
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Post Office Address							
City	Boechout	State		ZIP	2530	Country	Belgium
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
<u>Evert W.</u>				<u>Hoefnagel</u>			
Inventor's Signature				Date	11/5/2000		
Residence: City	Beerse	State		Country	Belgium	Citizenship	Dutch
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 <u>Beerse</u> , Belgium						
Post Office Address							
City	Dordrecht	State		ZIP	3328	Country	The Netherlands
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Post Office Address							
Post Office Address							
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